

REGISTRATION & MEALS

*Photocopy this entire 2-page form, as many as you need
and KEEP A COPY for your records.*

**ALL ATTENDEES - both members & non-members -
MUST BE REGISTERED.**

PACKAGE A: Full Registration (5 Days) and Meals – Wed. Thurs. & Fri.: \$205

PACKAGE B: Full Registration and Meals – Wed. & Thurs.: \$137

PACKAGE C: Full Registration, and single day Wed. or Thurs.: \$81

PACKAGE D: One-Day Registration, Friday Only and Meal: \$93

• REGISTRATION ONLY, NO MEALS: (In advance, \$25) (on site: \$50)

• CHILDREN'S MEALS: 5 & under free; 6 to 12 yrs. half price.

REGISTRATION & MEAL RESERVATIONS MUST BE RECEIVED BY APRIL 21.

Make checks payable to SCOA in US funds. **Send with registration form to:**
Barbara Daniello, Registrar – 99 Sky Manor Road, Pittstown, NJ 08867
Questions: email bdaniello@aol.com Phone 908-996-4066

~ ~ ~ ~ ~ **SANCTIONED MATCH ENTRY FORM** (Mon. 5/16) ~ ~ ~ ~ ~

Entry fee is \$5 per dog. Entry also available day of match.

Include this form with your registration document on page 13.

Dog's #1 Name _____

Date of Birth _____ Sex _____

Owner's name _____

Class: (circle) 3-6 mos. 6-9 mos. 9-12 mos. 12-18 mos. Adult

Dog's #2 Name _____

Date of Birth _____ Sex _____

Owner's name _____

Class: (circle) 3-6 mos. 6-9 mos. 9-12 mos. 12-18 mos. Adult

2016 SPECIALTY REGISTRATION FORM

PLEASE PRINT LEGIBLY

Primary registrant name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

E-mail: _____ Phone: _____

Additional registrants names: _____

(use back of form if needed)

Please check below which of the seminars you plain to attend:

Monday, May 16	Tuesday, May 17	Wednesday, May 18	Thurs. May 19	Friday, May 20
<input type="checkbox"/> Rally Obed. Fun	<input type="checkbox"/> Junior Handling	<input type="checkbox"/> Health Clinic	<input type="checkbox"/> Health Clinic	<input type="checkbox"/> Spinone Olympics
	<input type="checkbox"/> Grooming	<input type="checkbox"/> Body Language	<input type="checkbox"/> Breeders	
	<input type="checkbox"/> Canine Massage	<input type="checkbox"/> Business Meeting	<input type="checkbox"/> Reproduction	

MEALS & REGISTRATION OPTIONS – Payment must be received by April 21

Seminar and clinic attendees must pay a registration fee. (See details, page 12)

Quantity Total \$\$\$

PACKAGE A: Full Registration (5 Days) and Meals – Wed. Thurs. & Fri. (\$205) _____

Friday Banquet:

Indicate # of _____ Chicken and/or _____ Steak

PACKAGE B: Full Registration and Meals – Wed. & Thurs. (\$137) _____

PACKAGE C: Full Registration, and single day Wed. or Thurs. (\$81) _____

Select which days: Wed. ___ Thu. ___

PACKAGE D: One-Day Registration, Friday Only and Meal (\$93) _____

Registration Only – NO MEALS (\$25) _____

(In Advance \$25) (On-Site \$50)

Children's Meals (5 & under free; 6 to 12 years half price)

MATCH ENTRIES (Sanctioned Match – Monday, 5/16) (\$5) _____

3-DAY SPECIALTY CATALOG (Pre-Paid \$10; On-Site \$20) (\$10) _____

Available for pickup 1/2 hour prior to first AKC event on 5/17

TOTAL ENCLOSED \$ _____